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U.S. DISTRICT COURT
DISTRICT OF NH

2019 FEB 13 AM 11:02

FILED

THE UNITED STATES DISTRICT COURT
DISTRICT OF NEW HAMPSHIRE

Josephine Amatucci

Plaintiff

v.

Police Chief Dean Rondeau, Prosecutor

Timothy Morgan, Robert Maloney,

Sargeant Wright, Steve Champaign

Criminal Case 464-2018-1490

*DEMANDING A JURY TRIAL
AS ALLOWED BY THE CONSTITUTION*

JURISDICTION

1. This new cause of action for damages, is brought pursuant to 42 U.S.C. 1983.

Jurisdiction is funded upon 28 U.S.C 1331 (1)(3)(4), and the aforementioned statutory provision. Plaintiff further invokes te supplemental jurisdiction of the court under 28 U.S.C. 1367 (a) to hear and adjudicate state law claims. Plaintiff claims a trial by jury.

PARTIES

2. Plaintiff Josephine Amatucci, P.O. Box 272, Wolfeboro Falls, N.H. 03896 is

a citizen of the United States and a resident of Wolfeboro, New Hampshire.

3. Police Chief Dean Rondeau, 251 South Main Street, Wolfeboro, N.H. 03894.

4. Sergeant William Wright, Belnap County Sheriff's Dept. 42 County Drive,

Laconia, N.H. 03246.

5. Timothy Morgan, 251 South Main Street, Wolfeboro, N.H. 03894.

6. Wolfeboro Police Department, 251 South Main Street, Wolfeboro, N.H.03894.

COMPLAINT INTRODUCTION

7. In a Complaint dated August 6, 2018 Appellant was accused of a Simple Assault under RSA 631:2-A,1(B) the statute states, "A person is guilty of simple assault if he (b) Recklessly causes bodily injury to another", by Sergeant William Wright, of the Belnap Sheriff's Department, who was contacted by the Wolfeboro Police Chief Dean Rondeau to do an investigation of the incident that allegedly occurred at the Solid Waste Facility In Wolfeboro. Rondeau did not want the responsibility of doing the investigation himself as he knew it would be based on fraud.

8. Rondeau told Wright that employee's at the Solid Waste Facility were accusing me of unprivileged physical contact. by pushing Robert Maloney with her hands, on his upper arm/ shoulder. Said offense constituting a Class B Misdemeanor.

9. I never touched anyone at the Solid Waste Facility.

10. The first time I heard about this incident was on August 14, 2018 from the Town Manager who sent me a letter and then on the bottom of the letter she mentioned this incident by stating, "I am also aware of an incident at the Transfer Station where you PLACED YOUR HANDS ON AN EMPLOYEE. Under no circumstances shall you touch an Town Official or employee."

11. I couldn't believe what I was hearing, this never happened, so in an outrage I advised the town I was going to sue them, as this was the second time they were accusing me of a serious offense that I never committed, and I had to put an end to it.

12. So I filed a lawsuit. Shortly afterwards Police Chief Dean Rondeau comes in the picture and he contacts the Belnap Sheriff's Department asking them to investigate

the matter. He didn't want to get involved because he knew it was all a Conspiracy to Retaliate against me, for filing a lawsuit against the town.

13. First the Sheriff wanted to issue an Arrest Warrant on November 16, 2018, but the Wolfeboro Prosecutor Timothy Morgan who was Conspiring with Rondeau to have me prosecuted, and was overseeing the Belnap prosecutor, decided against an Arrest Warrant, and a Complaint was filed instead dated November 16, 2018. Accusing me of Simple Assault RSA 631:2-A, 1(B) which states, "Recklessly causes bodily injury to another". However, there was NEVER NO INJURY. So the Complaint was void on its face.

14. I was given the Complaint, and upon inspecting it I became aware that the Complaint was void on its inception in the Complaint I was accused of Simple Assault under RSA 631:2-A, 1(B) which states, "Recklessly causes bodily injury to another." However, in the documents Sheriff Wright states that the alleged victim Robert Maloney told him there was no injury.

NO PROBABLE CAUSE

14. I quickly prepared and mailed a "Motion to Dismiss" to the Court. And without advising me the prosecutor immediately filed an "Amended Complaint", for the same offense, Simple Assault, but under a different RSA under 631:2-A(a). The Amended Complaint dismissed the Original Complaint.

15. I was never made aware of the Amended Complaint, I was never mailed or handed the Amended Complaint, as verified by Tammy an employee of the District Court. I was never given the opportunity to prepare for a defense. I had no description of the claim.

MALICIOUS PROSECUTION

16. In the case of Minasian v. Sapse (1978, 2d Dist) 80 Cal App 3d 823

145 Cal Rptr 829... the court held that termination of proceedings for failure to prosecute was a termination in favor of the defendant for the purposes of an action for..... malicious prosecution. Pointing out that final determination upon the merits of the alleged malicious civil suit is not necessary to the maintenance of an action for malicious prosecution. The court said, it was sufficient to show that the former proceeding has been legally terminated. A dismissal for failure to prosecute reflects upon the merits of the action favorably to the defendants in the action, the court reasoning that the inference arises from the simple assumption that one does not simply abandon a meritorious action once it is instituted. There is no doubt it is proper to infer MALICE from the absence of reasonable probable cause to commence a prosecution. To cause me harm and in bad faith. When they knew the evidence was insufficient, they had the intent of bringing false charges.

17. The Amended Complaint was the same crime as was dismissed. The prosecution cannot charge a defendant with a crime for which he was acquitted or if it was a misdemeanor case and already filed and dismissed once, it cannot be refiled. Penal Code 656, 793-794.

Federal Civ. Proc. Rule 15

18. Also, Federal Civ.Proc. Rule 15 states, "a prosecutor may amend his complaint as a matter of course, only if the defendant has not filed an answer to the Original Complaint, the Plaintiff may amend his complaint only by consent of the Defendant or with the Court's permission. The Plaintiff was never mailed or handed a copy of this amended complaint, that if she was not handed a copy by Tammy in the District Court, she would never have known the complaint was amended. Which eliminated, dismissed, the original complaint, which added

an injury to the Simple Assault claim. An amendment would prejudice the Defendant.

DOUBLE JEOPARDY

19. Double Jeopardy refers to a person being tried again for the same offense after being acquitted or dismissed. Double jeopardy is prohibited by the Fifth Amendment to the U.S. Constitution, which states: ".. nor shall any person be subject for the same offense to be twice put in jeopardy of life or limb. The original and amended Complaint are the same offense. They are both under Section 631:2-a Simple Assault. I cannot be tried again.

20. Where the prosecutor amended the Complaint AFTER I filed a Motion to Dismiss, the initial Original Complaint take's precedent in the case, and the Original Complaint was dismissed. It was void on its face as the Statute cited required an injury and there was no injury. So the police failed to state a claim, and the Complaint was dropped.

21. One cannot be prosecuted again for the same crime, due to double jeopardy Clause, To prevent Government from erroneously prosecuting innocent people.

MALONEY NOT CREDIBLE

22. In the documents allowed the Plaintiff by the Sheriff, was the fact that Sargeant Wright asked Maloney "if he had any "relationship" with me, and Maloney responded by saying, "he knew me only because of her using the premises over the years."

23. The truth is that the Maloney's were my next door neighbor's from hell. In fact, the Plaintiff has an active Restraining Order on his mother Pauline Maloney, for years.

24. Pauline Maloney, Robert Maloney's mother, lived only 50 feet from the

beach and instead of just walking to the beach she would drive to my driveway and park inside my legal driveway. She would park the car there and go across the street to the beach, as my property was right across from the beach. Although the Maloney's sold the property I still have an active Restraining Order on her. She is not to come near my property, or on the beach near my property. There were horrible legal battles with the Maloney family.

25. I al had trouble with the alleged victim Robert Maloney over the years who worked for the Highway Deartment of the town, and he would push all the snow in my driveway, I had to call the police and report him.

26. On the day that I supposedly pushed Maloney I had entered the office at the Dump, to tell Mr. Champaigne, the supervisor, that someone was throwing trash all over the floor. As usually Champaigne was rude to me. I left and immediately returned to tell Champaigne that he has always been rude to me over the years. Thats all that was said, and then I left. Nothing happened. I never touched anyone, and Maloney was not at the door as he stated.

27. A reason for Champaign to Retaliate and Maloney to conspire with him as the Maloney family and I had long bad history. The prosecution was a Conspiracy, between police chief Rondeau of whom I had very bad history, and Maloney and Champaigne.

A DENIAL OF MY LIBERTY INTEREST

28. Champaigne suggested that my rights to visit the Dump be taken away from me.

FIRST AMENDMENT RETALIATION

29. The Plaintiff is accusing the defendants of a federal violation of her civil rights, of Retaliation. Of accusing her of a crime they knew she did not commit. And she is asking for Damages by a jury of her peers.

30. CLAIM ONE.....an unlawful and unreasonable seizure without probable cause with the

intentions of causing her harm in Bad Faith, they knew I would be harmed, they had the intent of bringing false charges. They knew the evidence was insufficient.

31. CLAIM TWO..... Intentional Infliction of Emotional Distress. There is no doubt it is proper to infer MALICE from the absence of reasonable and probable cause to commence a prosecution under Statute RSA 631:2-A,1(B) when they knew there was NO INJURY.

32. CLAIM THREE.....RETALIATION.....The defendants all had reasons to Retaliate against the Plaintiff.

33. CLAIM FOURCONSPIRACY, to maliciously prosecute the Plaintiff, "a secret and evil plan, by the defendants, to do something unlawful and harmful, and intended to break the law.

Respectfully,

Josephine Amatucci

February 12, 2019

c. Rondeau, Wright, Morgan, Maloney, Champaigne

A handwritten signature in black ink, reading "Josephine Amatucci". The signature is written in a cursive style with a large, looping initial "J".

U.S. DISTRICT COURT
DISTRICT OF NH

4253

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2019 FEB 13 AM 11:02

THE STATE OF NEW HAMPSHIRE

FILED

NH CIRCUIT COURT

State

v.

Josephine Amatucci

Case No.464-2018-CR-1490

MOTION TO DISMISS

1. Please file this document in this case which is (1) a defense to this bogus Complaint, and (2) a document that will be used to prosecute those who are accusing me of a crime THEY KNOW I NEVER COMMITTED, and lacks evidence of an Assault under the law.

2. That this action by the people who have Conspired to terrorize me are not to get away with this abuse of power. I am going to do all I can to have them prosecuted. This never happened in the office of the dump. A jury of my peers will see that this is all a Conspiracy, when they hear the backgrounds of the complainants.

3. You see your Honor, they are accusing me of violating RSA 631:2-A,1(B) which states "RECKLESSLY CAUSES BODILY INJURY TO ANOTHER" yet if you read the Narrative of Sergeant William Wright, he states:

'HE DID NOT HAVE ANY INJURIES AS A RESULT OF THIS ASSAULT"

4. No injuries, no violation of RSA 631:2-A,1(B).

5. CASE CLOSED.....NO CASE

6. Of course unless all of a sudden, out of nowhere, all these Conspirators come

up with a new offense against me, where their chief reason for all this abuse is RETALIATION OF POLICE CHIEF DEAN RONEAU, and that's another story.

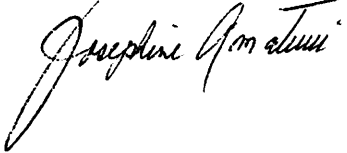
7. You see your honor it isn't my fault that there is bad blood with me and the town, it is the town that has abused me, I didn't abuse them, and that's where a Private Criminal Prosecution is necessaryTO STOP THE ABUSE.

Respectfully,

Josephine Amatucci

12/21/2018

c. Belnap Sheriff's office, Sergeant William Wright

A handwritten signature in cursive script that reads "Josephine Amatucci". The signature is written in dark ink and is positioned below the typed name.

**THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
NH CIRCUIT COURT**

3rd Circuit - District Division - Ossipee
96 Water Village Rd., Box 2
Ossipee NH 03864

Telephone: 1-855-212-1234
TTY/TDD Relay: (800) 735-2964
<http://www.courts.state.nh.us>

NOTICE OF HEARING

**JOSEPHINE AMATUCCI
PO BOX 272
WOLFEBORO FALLS NH 03896**

Case Name: **State v. Josephine AmatuCCI**
Case Number: **464-2018-CR-01490**

The above referenced case(s) has/have been scheduled for:
Arraignment on Complaint

<u>Charge ID</u>	<u>Statute</u>	<u>Description</u>
1564240C	631:2-A,I(A)	Simple Assault; Physical Contact or BI
CONTINUED FROM 1/9/19		
Date: February 06, 2019		96 Water Village Rd., Box 2
Time: 8:00 AM		Ossipee NH 03864

If you are unable to appear at this scheduled hearing, you must request a continuance from the Court in writing at least 10 days in advance of the hearing date. You must also send a copy of the request to the opposing party, unless restricted from doing so. Motions to continue filed fewer than 10 days in advance of hearing will only be granted if the Court finds that an emergency or exceptional circumstance exists. You must appear on the scheduled date unless you receive notification from the Court that a request to continue the hearing has been granted. **FAILURE TO APPEAR OR PROPERLY OBTAIN A CONTINUANCE FROM THE COURT MAY RESULT IN AN ORDER FOR YOUR ARREST.**

When a person pleads guilty/nolo or is convicted after trial, the court expects all fines imposed to be paid in full on the date of the hearing. Multiple cases are scheduled at this time. Please notify the court 15 days prior to the hearing date above if the hearing is expected to last longer than 30 minutes.

NOTICE OF APPELLATE RIGHTS

A person convicted of a violation level offense or a class B misdemeanor has the right to appeal the decision of the District Division by filing an appeal with the New Hampshire Supreme Court. This appeal is only on questions of law which means that the Supreme Court will not consider questions of fact already decided by the District Division. With limited exceptions, the person convicted has 30 days from the date of sentencing to file an appeal with the Supreme Court.

A person convicted of a class A misdemeanor has the right to appeal the decision of the District Division to the Superior Court and to have a trial by jury. The person convicted must notify the District Division of the intent to appeal within 72 hours of sentencing.

If you will need an interpreter or other accommodations for this hearing, please contact the court immediately. Please be advised (and/or advise clients, witnesses, and others) that it is a Class B felony to carry a firearm or other deadly weapon as defined in RSA 625.11, V in a courtroom or area used by a court.

January 18, 2019

Elaine J. Lowe
Clerk of Court

C: Belknap County Sheriff

The State of New Hampshire COMPLAINT

Case Number: _____

Charge ID: _____

Case Number: _____

<input type="checkbox"/> VIOLATION	MISDEMEANOR	<input type="checkbox"/> CLASS A	<input checked="" type="checkbox"/> CLASS B	<input type="checkbox"/> UNCLASSIFIED (non-person)
	FELONY	<input type="checkbox"/> CLASS A	<input type="checkbox"/> CLASS B	<input type="checkbox"/> SPECIAL
<input type="checkbox"/> UNCLASSIFIED (non-person)				

You are to appear at the: **3RD CIRCUIT - DISTRICT DIVISION - OSSISPEE Court,**Address: **96 WATER VILLAGE RD, BOX 2, OSSISPEE, NH**County: **CARROLL**Time: **0800 AM**Date: **January 9, 2019**

Under penalty of law to answer to a complaint charging you with the following offense:

THE UNDERSIGNED COMPLAINS THAT : PLEASE PRINT**AMATUCCI****JOSEPHINE**

Last Name

First Name

Middle

350 GOV WENTWORTH HWY**WOLFEBORO****NH****03894**

Address

City

State

Zip

F**W****5 0 8****1 8 7****BROWN****BLACK**

Sex

Race

Height

Weight

Eye Color

Hair Color

09/27/38**09AJJ38271****NH**

DOB

License #:

OP License State

☐ COMM. VEHL☐ COMM. DR. LIC.☐ HAZ. MAT.☐ 16+PASSENGER.AT: **400 BEACH POND RD, WOLFEBORO NH**On **08/06/2018** at **2:00 PM** in **CARROLL** County NH, did commit the offense of:RSA Name: **Simple Assault; BI**Contrary to RSA: **631:2-A,(B)**

Inchoate:

(Sentence Enhancer):

And the laws of New Hampshire for which the defendant should be held to answer in that the defendant did:

commit the crime of Simple Assault in that she knowingly caused unprivileged physical contact to another, to wit, Robert Maloney by pushing Robert Maloney with her hands, on his upper arm/shoulder. Said offense constituting a Class B Misdemeanor;

against the peace and dignity of the State.

☐ SERVED IN HAND

 Complainant Signature

Sergeant William Wright

Complainant Printed Name

Belknap County Sheriff's Department

Complainant Dept.

Making a false statement on this complaint may result in criminal prosecution.

Oath below not required for police officers unless complaint charges class A misdemeanor or felony (RSA 592-A:7.I).

Personally appeared the above named complainant and made oath that the above complaint by him/her subscribed is, in his/her belief, true.

Date

11/16/2018

Justice of the Peace


2/15/2022

NHJB-2962-D (6/27/2016)

Charge ID: _____

RECEIVED**THE STATE OF NEW HAMPSHIRE****JUDICIAL BRANCH**<http://www.courts.state.nh.us>

JAN 09 2019

**OSSIPEE
DISTRICT DIVISION****3RD CIRCUIT-DISTRICT-OSSIPEE**

Court Name: _____

Case Name: State V AmTucciCase Number: 464 2018 CR 1490Charge ID Number: 1564240C**COMPLAINT AMENDMENT FORM**☐ The offense degree is amended to:

☐ Violation Misdemeanor ☐ Class A ☐ Class B ☐ Unclassified (non-person)
 Felony ☐ Class A ☐ Class B ☐ Special ☐ Unclassified (non-person)

☒ The RSA name and RSA reference are amended as follows in order to make the complaint compliant with the Uniform Charge Table:RSA name (UCT Descriptor): SIMPLE ASSAULTRSA: 631-A-1(a)☒ The complaint narrative is unchanged.☐ The complaint narrative is amended to read as follows:

If applicable, the inchoate reference is ☐ unchanged; ☐ amended to read:If applicable, the sentence enhancer is ☐ unchanged; ☐ amended to read:1/9/19
DateJudy Estes
Signature of ProsecutorJUDY E. ESTES
Name of Prosecutor

Date

Signature of Defendant/Defense Counsel

Name of Defendant/Defense Counsel

2204

INCOME

No Filing Fee

#1

Social Security
1369000

1,511.00
1,350.00

BILLS

MONTHLY

1. REAL ESTATE	82.00
2. AARP-UNITED HEALTH INSURANCE	174.50
3. LIBERTY MUTUAL HOUSE INSURANCE AND CAR INSURANCE	181.11
4. PRESCRIPTION DRUG	32.60
5. Metrocast	184.63
6. Fuel (heating)	250.00
7. Santander (Car Payment)	278.83
8. Lawrence Sumski (Bankruptcy)	500.00
9. Electric (Town)	50.00
10. Food	200.00
11. Gas for car	100.00
12. Clothing	50.00

TOTAL 2,084.66

TOTAL INCOME 1,817.00

At end of month I borrow the balance from my church. And it goes on and on.

U.S. DISTRICT COURT
DISTRICT OF NH**AFFIDAVIT ACCOMPANYING MOTION
FOR PERMISSION TO APPEAL IN FORMA PAUPERIS****FILED**
v.District Court No. 17-cv-00237
Appeal No. _____**Affidavit in Support of Motion**

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: Josephine Amatore**Instructions**

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: _____

My issues on appeal are:

*A FOURTH AMENDMENT MALICIOUS PROSECUTION CLAIM UNDER U.S.D. 1983 FOR DAMAGES
A MUNICIPAL CLAIM UNDER 1983 FOR DAMAGES*

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
<i>Social Security 1,511.00</i> <i>RENT 350.00</i>				
Employment	\$ <i>N/A</i>	\$ <i>/</i>	\$ <i>/</i>	\$ <i>/</i>
Self-employment	\$ <i>N/A</i>	\$ <i>/</i>	\$ <i>/</i>	\$ <i>/</i>
Income from real property (such as rental income)	\$ <i>350.</i>	\$ <i>/</i>	\$ <i>350.</i>	\$ <i>/</i>
Interest and dividends	\$ <i>N/A</i>	\$ <i>/</i>	\$ <i>/</i>	\$ <i>/</i>
Gifts	\$ <i>N/A</i>	\$ <i>/</i>	\$ <i>/</i>	\$ <i>/</i>
Alimony	\$ <i>N/A</i>	\$ <i>/</i>	\$ <i>/</i>	\$ <i>/</i>
Child support	\$ <i>N/A</i>	\$ <i>/</i>	\$ <i>/</i>	\$ <i>/</i>
Retirement (such as social security, pensions, annuities, insurance)	\$ <i>1,511.00</i>	\$ <i>/</i>	\$ <i>1,511.00</i>	\$ <i>/</i>
Disability (such as social security, insurance payments)	\$ <i>N/A</i>	\$ <i>0</i>	\$ <i>/</i>	\$ <i>/</i>
Unemployment payments	\$ <i>N/A</i>	\$ <i>/</i>	\$ <i>1861.</i>	\$ <i>/</i>

\$ 1861.00

Public-assistance (such as welfare)	\$ 0	\$ /	\$ /	\$ /
Other (specify):	\$ 0	\$ /	\$ /	\$ /
Total monthly income:	\$0 0	\$0 /	\$0 /	\$0 /

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
N/A	N/A	N/A	\$ /
			\$ /
			\$ /

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
N/A	N/A	N/A	\$ /
			\$ /
			\$ /

4. How much cash do you and your spouse have? \$ _____

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
N/A	N/A	\$ /	\$ /
		\$ /	\$ /
		\$ /	\$ /

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home (Value) \$	Other real estate (Value) \$	Motor vehicle #1 (Value) \$
N/A	N/A	N/A
		Make and year: /
		Model: /
		Registration #: /

Motor vehicle #2	Other assets	Other assets
(Value) \$ <u>UNKNOWN</u>	(Value) \$	(Value) \$
Make and year: <u>2012 NISSAN</u>	<u>VERSA</u>	
Model: <u>NISSAN VERSA</u>		
Registration #:		

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
	\$	\$
<u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support.

Name [or, if under 18, initials only]	Relationship	Age
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$	\$
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>REVERSE</u>	
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>MOVT.</u>	
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$	\$
Home maintenance (repairs and upkeep)	\$ <u>100.00</u>	\$
Food	\$ <u>100.00</u>	\$
Clothing	\$ <u>100.00</u>	\$
Laundry and dry-cleaning	\$	\$
Medical and dental expenses	\$	\$
Transportation (not including motor vehicle payments)	\$ <u>150.00</u>	\$
Recreation, entertainment, newspapers, magazines, etc.	\$	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renters:	\$	\$
Life:	\$	\$
Health:	\$	\$
Motor vehicle:	\$	\$
Other:	\$	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$	\$

Installment payments		
Motor vehicle:	\$	\$
Credit card (name):	\$	\$
Department store (name):	\$	\$
Other:	\$	\$
Alimony, maintenance, and support paid to others	\$	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$	\$
Other (specify):	\$	\$
Total monthly expenses:	\$0	\$0

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes ☒ No If yes, describe on an attached sheet.

10. Have you spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit?

☐ Yes ☒ No If yes, how much? _____

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

READ MY EXPENSES

12. State the city and state of your legal residence: WOLFEBORO, NEW HAMPSHIRE
 Your daytime phone number: () 603-569-2429
 Your age: 80 Your years of schooling: 34 YEARS COLLEGE
 Last four digits of your social-security number: 3410

MetroCast

METROCAST CABLEVISION
 9 APPLE RD BELMONT NH 03220-3251
 8282 1600 WM RP 06 11072017 NNNNNYNN 01 009176 0029

JOSEPHINE AMATUCCI
 PO BOX 272
 WOLFEBORO FALLS NH 03898-0272



Statement of Service

Page 1 of 3

Billing Date: November 6, 2017
 Account Number: 8282 16 019 0038339

How to reach us ...

Office hrs M-F 8:00am-6:00pm
 Sat 8am-4:30pm www.MetroCast.com
 Phone hrs 24/7 1-800-952-1001

For Service At...

350 GOVERNOR WENTWORTH HWY
 WOLFEBORO NH 03894-4635

Account Summary

Your account is past due. Please remit the total balance due immediately to avoid a \$25.00 collection effort charge or disconnection of service. If payment was made after the remittance date, please disregard this message. Thank you.

Please see reverse side for account details.

Previous Balance	\$ 364.79
Payment(s)	-183.63
Monthly Charge(s)	167.91
Other Charge(s)	5.00
Taxes & Fee(s)	8.28
Balance Due	\$ 362.33
Payment Due Date	Upon Receipt

814AD8GLP0018001-00088-02

November 08, 2017

Member ID: 017354256-1

Dear JOSEPHINE S AMATUCCI,

We want to let you know that you have a past due amount on your AARP MedicareRx Saver Plus (PDP) account. As of November 08, 2017, you owe \$65.20. Please pay this amount upon receipt so that you won't be disenrolled.

What happens if I don't pay?

If we don't receive payment for the past due amount and each month's premium (monthly charge) by December 31, 2017, we will have to disenroll you from AARP MedicareRx Saver Plus (PDP), effective December 31, 2017. After December 31, 2017, you will no longer be covered by AARP MedicareRx Saver Plus (PDP). However, your other Medicare benefits will not be affected if you are disenrolled from AARP MedicareRx Saver Plus (PDP).

Premium payment

Your premium is due on the first of each month. If we don't receive your payment by the first of each month, it will be added to your past due amount.

If you wish to pay your next month's premium today with the past due amount, here is the total:

	Amount	Due date
Past due amount	\$65.20	(If you receive)
Premium (monthly charge)	\$12.60	December 01, 2017

You have a past due amount.
Please pay so you don't lose
your plan.



IF YOU HAVE AN ADDRESS CHANGE,
PLEASE FILL OUT REVERSE SIDE AND CHECK BOX HERE. ☐

Town of

Wolfeboro

REAL ESTATE TAX BILL
 84 SOUTH MAIN STREET
 P.O. BOX 629
 WOLFEBORO, NH 03894-0629
 603-569-3902

TAX YEAR 2017
ACCOUNT NO.: 10-3996.701
1ST INSTALLMENT: \$ 472.00
2ND INSTALLMENT: \$ 494.00
TOTAL PAYMENTS: \$ 0.00
AMOUNT DUE \$ 966.00
BY DEC 19, 2017

Property Location: 350 GOV WENTWORTH HWY

2158 1 AV 0.373 E8217X 0250 03044283287 S2 P4831118 0001:0001



AMATUCCI, JOSEPHINE
 PO BOX 272
 WOLFEBORO FALLS NH 03896-0272

Town of Wolfeboro
 P.O. Box 629
 Wolfeboro, NH 03894-0629

PLEASE DETACH AND RETURN ABOVE PORTION WITH YOUR PAYMENT. MAKE CHECK PAYABLE TO THE TOWN OF WOLFEBORO.

Town of
Wolfeboro

REAL ESTATE TAX BILL
 84 SOUTH MAIN STREET P.O. BOX 629
 WOLFEBORO, NH 03894-0629

OFFICE HOURS
 MONDAY - FRIDAY : 8:00AM - 4:00PM
 TELEPHONE (603) 569-3902
 email : taxcollector@wolfeboronh.us

PROPERTY OWNER(S):
 AMATUCCI, JOSEPHINE

MAILING ADDRESS:
 PO BOX 272
 WOLFEBORO FALLS NH 03896-0272

TAX YEAR: 2017
ACCOUNT NUMBER: 10-3996.701

TAX MAP/LOT NUMBER: 151--21
PROPERTY LOCATION: 350 GOV WENTWORTH HWY

	TAX RATES	TOTAL VALUATION	AMOUNT	ASSESSMENT INFORMATION		TAX INFORMATION	
MUNICIPAL	5.760	\$64,500	\$371.00	BUILDING VALUE	\$70,000	GROSS TAX	\$966.00
SCHOOL - LOCAL	5.550	\$64,500	\$357.00	LAND VALUE	\$84,500	CREDITS	
SCHOOL - STATE	2.280	\$64,500	\$147.00	TOTAL VALUE	\$154,500	NET TAX	\$966.00
COUNTY	1.390	\$64,500	\$89.00	EXEMPTIONS		FIRST BILL	\$472.00
						SECOND BILL	\$494.00
TOTAL	14.980	\$64,500	\$966.00	TAXABLE VALUE	\$64,500	PAYMENTS	
			AMOUNT DUE BY	DEC 19, 2017		\$966.00	

IF PAID AFTER DUE DATE ANNUAL INTEREST RATE OF 12% WILL BE CHARGED
 PRIOR YEARS TAXES DO NOT INCLUDE ACCUMULATED INTEREST OR COSTS
 PLEASE CONTACT THE TAX OFFICE FOR UPDATED AMOUNTS

IMPORTANT NOTICE TO ALL TAXPAYERS:

IF YOU ARE ELDERLY, DISABLED, BLIND, A VETERAN, OR VETERAN'S SPOUSE, OR ARE UNABLE TO PAY TAXES DUE TO POVERTY OR OTHER GOOD CAUSE, YOU MAY BE ELIGIBLE FOR A TAX EXEMPTION, CREDIT, ABATEMENT, OR DEFERRAL. FOR DETAILS AND APPLICATION INFORMATION, CONTACT THE ASSESSING DEPARTMENT. (CONTACT AND ADDITIONAL INFORMATION ON REVERSE SIDE OF THIS BILL.)

PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION



*Town of
Wolfeboro*

MUNICIPAL ELECTRIC DEPARTMENT
84 SOUTH MAIN STREET
P.O. BOX 777
WOLFEBORO, NH 03894-0777
603-569-8150
603-569-8183

BILLING DATE	11/28/17	ACCOUNT NUMBER
DUE DATE	12/27/17	09-0449.002
TOTAL AMOUNT DUE		\$10,409.94

AMOUNT REMITTED \$ _____
Service Address: 350 GOV WENTWORTH HWY

IF YOU HAVE AN ADDRESS CHANGE, PLEASE FILL OUT REVERSE SIDE AND CHECK BOX HERE. ☐
Please return this portion with your payment and make checks payable to:

287 1 SP 0.480 E0287X I0324 D3073818705 S2 P4858087 0001:0001



JOSEPHINE AMATUCCI
PO BOX 272
WOLFEBORO FALLS NH 03896-0272

Town of Wolfeboro
P.O. Box 777
Wolfeboro, NH 03894-0777

MUNICIPAL ELECTRIC DEPARTMENT 84 SOUTH MAIN STREET P.O. BOX 777 WOLFEBORO, NH 03894-0777 603-569-8150 603-569-8183				ACCT NO.	09-0449.002	PROPERTY OWNER	JOSEPHINE AMATUCCI			
				NEXT READ	12/21/17	SERVICE LOCATION	350 GOV WENTWORTH HWY			
				BILLING DATE	11/28/17	RATE	DOMESTIC ALL YR DA			
METER NUMBER(S)		PREVIOUS			PRESENT			MULTI.	TOTAL KWH USED	
		DATE	READING	READ CODE	DATE	READING	READ CODE			
3320		10/23/17	9853	ACT	11/28/17	2465	ACT	1	2612	
PREVIOUS BALANCE							\$10,093.54			
PAYMENTS AS OF 11/28/17							\$50.00CR			
BALANCE FORWARD							<u>\$10,043.54</u>			
CUSTOMER CHARGE							\$5.55			
DISTRIBUTION 2612 KWH @ .035200							\$91.94			
GENERATION 2612 KWH @ .102400							\$267.47			
STATE OF NEW HAMPSHIRE CONSUMPTION TAX							\$1.44			
							=====			
TOTAL AMOUNT DUE							\$10,409.94			



Santander

CONSUMER USA

ACCOUNT INFORMATION

Account Number 4628746
Account Status Past Due
Statement Date 04/20/2015
Payment Due Date 04/08/2015
Payment Amount \$278.83
Payments Made 5
Maturity Date 10/08/2020
Past Due Amount \$267.66
Principal \$14,514.39
Accrued Interest \$39.72
Unpaid Fees & Charges \$20.00
Estimated Payoff* \$14,574.11

192066



JOSEPHINE AMATUCCI
PO BOX B 272
WOLFEBORO FALLS, NH 03896



TOTAL AMOUNT DUE

\$566.49

*Balance including principal, accrued interest, and unpaid fees and charges as of the Statement Date.

ACCOUNT ALERTS & IMPORTANT MESSAGES

Your account is 11 days delinquent.
No valid work phone number, please update online.

ACCOUNT ACTIVITY SINCE LAST STATEMENT

Description	Date	Amount
Payment Made	04/11/2015	\$-278.83
Late Fee Assessed	03/24/2015	\$10.00



Pay Online at
MyAccount.SantanderConsumerUSA.com.



Pay by Phone at 1-888-222-4227.



MoneyGram or Western Union.

See reverse for additional payment options.

Questions? Go to MyAccount.SantanderConsumerUSA.com or call Toll-Free 1-888-222-4227.

SPECIAL OFFERS

CAR Loan

ARP
UnitedHealthcare Insurance Company

PO BOX 30607
Salt Lake City, UT 84130-0607

November 11, 2017

3175HIP001001001-18860-01
JOSEPHINE S AMATUCCI
PO BOX 272
WOLFEBORO FALLS NH 03896-0272

RE: 314676183-1
JOSEPHINE AMATUCCI

Dear Member(s):

Thank you for allowing UnitedHealthcare Insurance Company to provide you with quality health insurance plans.

Premium payments for your health insurance coverage are due on the first of each month. On 09/30/2017, the health insurance coverage shown on the attached coupon ended because payment was not received.

To bring your account up to date a payment in the amount of \$349.50 must be received within 35 days from the date of this notice. Please do not send cash. If payment for the overdue amount has already been sent, please disregard this notice. Your plan allows for a 31-day Grace Period. Please refer to your Certificate of Insurance for details.

If you have questions:

Please call Customer Service at 1-800-523-5800 (Para Español: 1-800-822-0246).

Hot Springs, AR 71903-3367

Action Required

125PARTD_BILLINGCOLOR0001006-06604-01

JOSEPHINE S AMATUCCI

PO BOX 272

WOLFEBORO FALLS NH 03896-0272



Questions?

We're here to help.

Toll-Free 1-866-460-8854, TTY 711

8 a.m. - 8 p.m. local time, 7 days a week

Your June 2018 statement.

Member ID:	0173542561
Previous balance	\$ 79.60
Payments received	\$ 0.00
Current charges	\$ 39.80

Total due \$119.40

Due in full by June 1, 2018

See details about your current charges on the back of this page.

You have a past due balance.

Please call Customer Service to pay your past due balance today. If we don't receive payment soon, you may be disenrolled from the plan.

About your payment.

Your payment can take up to 10 days to post to your account. If we received it after May 4, 2018, you'll see it on your next statement.

It's easy to set up
automatic payments.

Use the form on the next page to sign up for Electronic Funds Transfer (EFT) and have your monthly payments automatically deducted from your bank account.

or

Call Customer Service to have your monthly payments automatically deducted from your Social Security or Railroad Retirement board check.

or

Call Customer Service to have your monthly payments automatically charged to your credit card.

You can stop automatic deductions at anytime — keeping you in control of your money.*



Access your account online.

Make a payment, view claims and plan details. Sign up to get plan information delivered online.

www.MyAARPMedicare.com

LAWRENCE P. SUMSKI
CHAPTER 13 BANKRUPTCY TRUSTEE
1000 Elm Street, Suite 1002
Manchester, NH 03101

April 4, 2016

Josephine Amatucci
POB 272
Wolfeboro Falls, NH 03896

RE: Chapter 13 #15-11858-BAH

Dear Ms. Amatucci:

We do not process Plan payments at our office. Checks need to be sent to our Lock Box in Memphis, Tennessee. I am therefore returning your check #23582063316 in the amount of \$299.00 dated April 2, 2016.

Please send all Plan payments to the following address:

Lawrence P. Sumski
Chapter 13 Trustee
PO Box 839
Memphis, TN 38101-0839

PLEASE include your case number!

The address for correspondence only is:

Lawrence P. Sumski
Chapter 13 Trustee
1000 Elm Street, Suite 1002
Manchester, NH 03101

Please call if you have any question regarding this.

Yours truly,

/s/ Lawrence P. Sumski

Lawrence P. Sumski

LPS:kc

Telephone: (603) 626-8899
E-Mail address: SumskiCh13@gmail.com

NATIONWIDE - PERKINS
DEAR JUDGE NOWARD
469-549-3142
KAREN

CALL
her

PER MO. FOR
5 YEARS

TAXES

Your New Benefit Amount

BENEFICIARY'S NAME: JOSEPHINE S AMATUCCI

Your Social Security benefits will increase by 2.8% in 2019 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

How Much Will I Get And When?

- Your monthly amount (before deductions) is \$1,646.50
- The amount we deduct for Medicare Medical Insurance is \$135.50
(If you did not have Medicare as of November 16, 2018, or if someone else pays your premium, we show \$0.00.)
- The amount we deduct for your Medicare Prescription Drug Plan is \$0.00
(We will notify you if the amount changes in 2019. If you did not elect withholding as of November 1, 2018, we show \$0.00.)
- The amount we deduct for voluntary Federal tax withholding is \$0.00
(If you did not elect voluntary tax withholding as of November 16, 2018, we show \$0.00.)
- After we take any other deductions, you will receive \$1,511.00
on or about January 3, 2019.

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. Or visit www.ssa.gov/non-medical/appeal to appeal online. We would be happy to review the amounts.

If you receive a paper check and want to switch to an electronic payment, please visit the Department of the Treasury's Go Direct website at www.godirect.org online.

What If I Have Questions?

- Visit our website at www.socialsecurity.gov
- Call us toll-free at 1-800-772-1213 (TTY 1-800-325-0778)

000051
LIBERTY MUTUAL INSURANCE
1 LIBERTY SQ
MILWAUKEE IN 45544

Please do not send payments to the address above

JOSEPHINE AMATUCCI
PO BOX 272
WOLFEBORO FALLS NH 03860272

Handwritten: PDR

Handwritten: Dec. 2017
LAST PAID 9-18-17
219.45

Handwritten: PAYMENTS

Josephine, thank you for being our valued customer since 2017!

THIS IS YOUR INSURANCE BILL FOR ACCOUNT POL0028092117A AS OF NOV. 14, 2017

ACCOUNT SUMMARY

10/18/17	Previous Account Balance	0886.58
	Payments Received	-6181.11
	Installment Charge	65.00
11/14/17	Current Account Balance	0219.45



Questions Regarding Your Bill?

1-800-828-4288

Need to Report a Claim?
1-800-201-ALIVE (1-800-231-2467)

BILLING DETAILS

Home Policy	H37-218-117400-70 (08/07/17 - 05/07/18)	Monthly	0219.45	AMOUNT DUE	058.61
350 GOVERNOR WENTWORTH HWY					

Please Pay Total Amount Due by Dec. 04, 2017 058.61



004747
LIBERTY MUTUAL GROUP
1 LIBERTY SQ
MISHAWAKA IN 46544

Please do not send payments to the address above

JOSEPHINE AMATUCCI
PO BOX 272
WOLFEBORO FALLS NH 03896-0272

Josephine, thank you for being our valued customer since 2017!

INSURANCE INFORMATION

Policy Number:	AOB-21B-511272-40
Policy Period:	Sept. 07, 2017 - Sept. 07, 2018
Bill Frequency:	Monthly
Auto(s) Insured:	NS9N VERB 12



Your Bill is Past Due.

We have not received your payment as of 1/15/2017. Please pay total amount due to avoid possible interruption to your coverage.

QUESTIONS

Questions Regarding Your Policy or Bill?

1-800-225-8288

Want to "Pay Online"?

LibertyMutual.com/service

Need to Renew a Policy?

Oct 3 98.

*211. 100
Dec. 13*

150/1.00

3 12 15 2017